



SURVEY APPROVAL AUTHORITY: U.S. ARMY RESEARCH INSTITUTE  
FOR THE BEHAVIORAL AND SOCIAL SCIENCES  
SURVEY CONTROL NUMBER: DAPE-ARI-AO-04-08B  
RCS: MILPC-3

---

# ***SURVEY OF ARMY FAMILIES V***

---



**FALL 2004**



## WHY THIS SURVEY?

The **2004 Survey of Army Families V** collects information on family member attitudes about the Army way of life and the well being of Army families. Similar to the **1987 Survey of Army Families**, **1991 Survey of Army Families II**, **1995 Survey of Army Families III**, and **2001 Survey of Army Families IV**, it also will track trends in the characteristics of Army families, identify new and emerging family issues, and supplement other studies on Army families. In addition, recent Army multiple deployments may have changed the needs of Soldiers and their family members. These changes need to be identified.

## WHY SHOULD I PARTICIPATE?

The Army leadership wants to know what it's like to "walk a mile in your shoes." **Army leaders use the results** of family surveys to make plans, assess policies, and evaluate program operations and outcomes. Army agencies and commands want information from the survey so they can respond better to family needs. In addition, Army spouses have identified family matters that need to be studied throughout the Army. We encourage you to use the "COMMENTS" sheet (page 16) to provide additional information and tell us about family matters/issues important to you.

## WILL I BE IDENTIFIED?

**Your responses to the survey** will not be tracked back to you. Only persons involved in collecting or preparing the information for analysis of the data will have access to completed survey questionnaires. Only group statistics will be reported. Your written comments will be kept anonymous.

## AM I ELIGIBLE TO COMPLETE THIS SURVEY?

**Only non-military spouses of Active duty Soldiers** are being asked to complete this survey. The Army family issues affecting members of dual military married couples and single parents require different, special surveys in order to address matters unique to these families.

**If you are not eligible** to complete the survey, please indicate why by marking the appropriate box below. Please return the survey in the enclosed Business Reply Mail envelope. No postage is required.

- ☐ Neither my spouse nor I are on Active duty with the U.S. Army.
- ☐ Both my spouse and I are on Active duty with the U.S. Army or the U.S. Armed Forces.
- ☐ I am not currently married to an Active duty Soldier.

## WHO CAN I CONTACT FOR MORE INFORMATION?

The **2004 Survey of Army Families V** is sponsored by the U.S. Army Community and Family Support Center (CFSC). CFSC will be responsible for distribution of the results and findings of the survey. The Army Personnel Survey Office of the U.S. Army Research Institute for the Behavioral and Social Sciences is conducting the survey. For more information, contact:

U.S. Army Community and Family Support Center  
ATTN: CFSC-SP  
4700 King Street  
Alexandria, VA 22302-4419  
Telephone (703) 681-7438  
DSN 761-7438  
E-mail: MWRResearch@CFSC.army.mil

## MARKING INSTRUCTIONS

### GENERAL INSTRUCTIONS

- This is not a test, so take your time.
- Select answers you believe are most appropriate.
- Use a blue or black pen.
- Please PRINT where applicable.
- Place an "X" in the appropriate box or boxes.

RIGHT



WRONG



- To change an answer, completely black out the wrong answer and put an "X" in the correct box as shown below.

CORRECT ANSWER



INCORRECT ANSWER



- Do not make any marks outside of the response and write-in boxes.

### Marking all that apply

Sometimes you will be asked to "MARK ALL THAT APPLY." When this instruction appears, you **may mark more than one answer.**

#### EXAMPLE:

**Other than currently being married to a Soldier on Active duty, what types of experiences have you had with the military? MARK ALL THAT APPLY.**

- ☒ Served on Active duty
- ☒ Served/serving with National Guard/Reserves
- ☒ Child of parent(s) in the military service
- ☒ Previously married to a military service member

### Marking numbers

Sometimes you will be asked to give numbers for your answer. If you are asked to give numbers, please record the numbers in the boxes as shown below.

#### EXAMPLE:

**As of today, how many months have you been living in your current geographic location (the vicinity of the Army post/installation/area where you are living)?**

- ☒ Less than 1 month

0

6

NO. OF MONTHS

### Selecting only one response

Sometimes you will be asked to mark one response from a list of possible items.

#### EXAMPLE:

**Where are you currently living? MARK ONE.**

- ☐ Alaska/Hawaii
- ☐ Continental U.S. (CONUS)
- ☐ Europe
- ☐ Korea
- ☐ Other location outside the continental U.S. (OCONUS) (Please list Question No. and "Other location" on the "Comments" sheet on page 16.)

### Using a common scale for more than one question

Sometimes you will be asked to "MARK A RESPONSE FOR EACH" to answer a number of different questions.

#### EXAMPLE:

**How satisfied or dissatisfied are you with the following? MARK A RESPONSE FOR EACH.**

Very dissatisfied  
Dissatisfied  
Neither satisfied nor dissatisfied  
Satisfied  
Very satisfied  
Do not know

Level of support deployed Soldiers receive from the American people ..... ☐ ☒ ☐ ☐ ☐

Level of support deployed Soldiers receive from the American media ..... ☐ ☐ ☒ ☐ ☐

Reception of returning deployed Soldiers by the American people ..... ☐ ☐ ☐ ☒ ☐

U.S. Army Research Institute for the Behavioral and Social Sciences  
ATTN: DAPE-ARI-PS  
2511 Jefferson Davis Highway  
Arlington, VA 22202-3926  
Telephone (703) 602-7877  
DSN 332-7877  
E-mail: ARI\_APSO@hqda.army.mil



## SECTION 1: YOUR HOUSING AND FAMILY RELOCATION

### 1. Where are you currently living? MARK ONE.

- ☐ Alaska/Hawaii  
☐ Continental U.S. (CONUS)  
☐ Europe  
☐ Korea  
☐ Other location outside the continental U.S. (OCONUS) (Please list Question No. and "Other location" on the "Comments" sheet on page 16.)

### 2. Where are you and your spouse living?

- ☐ Together, at the same location  
☐ Together, but my spouse is currently deployed  
☐ Apart, at separate locations

### 3. As of today, how many months have you been living in your current geographic location (the vicinity of the Army post/installation/area where you are living)?

- ☐ Less than 1 month

**NO. OF MONTHS**

### 4. How far do you live from the nearest military installation or the one you use most?

- ☐ I live on-post  
☐ 10 miles or less  
☐ 11-25 miles  
☐ 26 or more miles  
☐ Do not know

### 5. In which type of housing do you currently live?

- ☐ On-post government housing  
☐ Off-post government housing  
☐ Off-post (own)  
☐ Off-post (rent)  
☐ Other (Please list on page 16.)

### 6. How satisfied are you with your current housing?

- ☐ Very satisfied  
☐ Satisfied  
☐ Neutral  
☐ Dissatisfied  
☐ Very dissatisfied

### 7. How many Permanent Change of Station (PCS or official Army) moves have YOU made during the last 3 years? IF YOU HAVE NOT MADE A PCS MOVE IN THE LAST 3 YEARS, MARK "NONE."

- ☐ None

➔ **GO TO SECTION 2, QUESTION 10 ON THE NEXT PAGE.**

- ☐ 1 PCS move  
☐ 2 PCS moves  
☐ 3 PCS moves  
☐ 4 or more PCS moves

### 8. If your spouse requested a sponsor for your most recent PCS move, which of the following did the sponsor do for your family? MARK ALL THAT APPLY.

- ☐ Does not apply; we did not request one  
☐ Does not apply; we had no sponsor  
☐ Does not apply; we were assigned a sponsor but he/she did nothing at all to help us  
☐ Greeted us upon arrival  
☐ Helped orient us with the community  
☐ Helped orient us with the installation  
☐ Accompanied us to ACS  
☐ Helped Soldier with military in-processing  
☐ Other important type of help (Please specify on page 16.)

### 9. For your most recent PCS move, how satisfied were you with the following Army relocation services? MARK A RESPONSE FOR EACH.

**IF A SERVICE HAS NOT BEEN USED, MARK THE FIRST COLUMN.**

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not used
Computer program giving location information (such as the installation home page, SITES).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual/group relocation counseling and information.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welcome packet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance from sponsor .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lending closet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Official installation orientation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit orientation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overseas orientation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 2: FAMILY SEPARATIONS AND DEPLOYMENTS

10. Is your spouse currently away from home because of... MARK ALL THAT APPLY.

- ☒ Does not apply; my spouse is not away  
☒ extended TDY?  
☒ schooling?  
☒ training exercise?  
☒ a deployment (e.g., Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF))?  
☒ unaccompanied tour?  
☒ other reason? (Please list on page 16.)

11. During the last 36 months, was your spouse deployed for a military operation to any of the following? MARK ALL THAT APPLY.

- ☒ No, my spouse was not deployed for a military operation in the last 36 months.

➔ GO TO SECTION 5, QUESTION 37 ON PAGE 8.

- ☒ To Afghanistan  
☒ To elsewhere in support of Operation Enduring Freedom (OEF)  
☒ To Qatar  
☒ To Kuwait  
☒ To Iraq  
☒ To elsewhere in support of Operation Iraqi Freedom (OIF)  
☒ To Korea  
☒ To other OCONUS site not listed above  
☒ To a CONUS site  
☒ To an unknown location

12. During the last 36 months, how many times has your spouse deployed for a military operation?

NO. OF TIMES

13. During the last 36 months, how many total months has your spouse been deployed for a military operation?

- ☒ Less than 1 month

NO. OF MONTHS

14. During the last 36 months, how many months has your spouse been away from home for other military reasons (including assignments, training, TDY, etc.)?

- ☒ Less than 1 month

NO. OF MONTHS AWAY

15. During the last 36 months, what was the longest single period of time (consecutive months) your spouse was away from home?

- ☒ Less than 1 month

CONSECUTIVE MONTHS

## SECTION 3: YOUR SPOUSE'S MOST RECENT DEPLOYMENT

16. Did your spouse deploy with his/her regular unit or as an individual (e.g., a replacement or separately attached to a unit)?

- ☒ With his/her regular unit  
☒ As an individual

17. How well did you cope during your spouse's most recent deployment?

- ☒ Very well  
☒ Well  
☒ Neither well nor poorly  
☒ Poorly  
☒ Very poorly

18. How much of a problem would you have coping if your spouse had to go away on an Army assignment, such as a deployment, for... MARK A RESPONSE FOR EACH.

	No problem coping	Slight problem coping	Moderate problem coping	Serious problem coping	Very serious problem coping
less than a month? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 or 2 months? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3 to 6 months? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7 months to a year? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
over a year? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a mission overseas of undetermined length? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

19. During your spouse's most recent deployment, how OFTEN did you communicate with each other using the following? MARK A RESPONSE FOR EACH.

	Infrequently (every two or 3 weeks or longer)	Sometimes (about once a week)	Often (every few days)	Very often (daily)	Does not apply; we did not use
Telephone .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Email .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Instant Messaging .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Letters .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Through the rear detachment .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Video teleconference (VTC) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Please specify on page 16.) ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

20. While your spouse was deployed, did you move away from the vicinity of the Army post/installation/area where you were living? MARK ONE.

- ☒ Yes  
☒ Yes, but I stayed at the Army post/installation/area for about half or more of the time  
☒ No, but I wanted to  
☒ No

21. How important was each of the following reasons for moving away?

- ☒ Does not apply; I did not move away.

	Very important reason	Moderately important reason	Not an important reason	Does not apply
Needed child care .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Better job opportunities elsewhere .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Financial problems (making ends meet) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wanted to be near relatives/friends ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lack of support at the Army community that you left .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal safety/security .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other reason (Please specify on page 16.) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

22. Overall, during your spouse's most recent deployment, how well did you manage the following? MARK A RESPONSE FOR EACH.

	Very poorly	Poorly	About average	Well	Very well	Does not apply
Getting daily household tasks done .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Obtaining needed transportation ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Obtaining needed communication (e.g., telephone, email, Internet) ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Working at your paid job .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Having to find a job .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Having to quit a job or schooling ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Household repairs, yard work .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Car maintenance .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pet care .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Shopping (for necessities) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Handling financial matters .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Your family having enough money to meet expenses, pay bills, etc. ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Arranging for child care .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ensuring child(ren) do schoolwork ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child(ren)'s participation in after-school activities .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Participating in activities at your child(ren)'s school (school events, PTA, Parent-Teacher conferences).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Taking care of child(ren) at home ...	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disciplining/handling child(ren) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Taking care of child(ren)'s health ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Taking care of your own health .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Handling your own loneliness .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Doing your regular volunteer work ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Doing additional volunteer work ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maintaining safety/security of your home .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Taking care of extended family members .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



23. How important was each of the following reasons for staying at, or returning early to, your spouse's post/installation/area? MARK A RESPONSE FOR EACH.

☐ Does not apply; I moved away and stayed away for more than half of the time.

➔ GO TO QUESTION 24 BELOW.

	Very important reason	Moderately important reason	Not an important reason	Does not apply
To be near a source of information about my spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt supported by the Army community in the area where I was living .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Army people don't understand how I feel .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to keep my job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did not want to disrupt my child(ren)'s schooling .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afraid we would lose our government housing/Army compensation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to help others (for example, assist with Family Readiness Group) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reason (Please specify on page 16.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. How satisfied or dissatisfied were you with how the Army has handled the following aspects of the most recent deployment of your spouse?

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not apply; did not receive
Amount of time off for Soldiers to take care of personal and family business before leaving .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Predeployment briefing for family members .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information briefing on where families could obtain information or assistance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information briefing on the Family Readiness Groups (FRGs) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on the mission of your <u>spouse's unit</u> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on the location of your spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on unit rotation policies (e.g., length of deployment).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Did you have any serious financial problems because your spouse was deployed? MARK ALL THAT APPLY.

- ☐ No
- ☐ Yes, but I did not seek assistance.
- ☐ Yes, but I did not know where to go for assistance.
- ☐ Yes, but I could not get any assistance.
- ☐ Yes, and I had to get a job.
- ☐ Yes, and I had to withdraw savings.
- ☐ Yes, and I had to get a loan (from bank, parents, etc.).
- ☐ Yes, and I had to get assistance from the Army Emergency Relief (AER), Red Cross, or other similar source.

26. What financial problems did you have because your spouse was deployed? MARK ALL THAT APPLY.

- ☐ Loss of income/had less income
- ☐ Keeping up mortgage/rent payments
- ☐ Keeping up payments on credit cards
- ☐ Keeping up payments on loans (not mortgage)
- ☐ Difficulty dealing with creditors
- ☐ Purchasing extra supplies for my spouse's deployment
- ☐ Paychecks were late
- ☐ Paychecks were not correct
- ☐ Difficulty budgeting for expenditures
- ☐ Overspending, not saving, and creating debt
- ☐ Unplanned/unexpected expenses, such as car repairs
- ☐ Additional childcare costs
- ☐ Cost of telephone calls, mail, Internet access, etc., to communicate with your spouse
- ☐ Other problems (Please specify on page 16.)
- ☐ None of the above

27. How satisfied or dissatisfied are you with the following?

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Do not know
Level of support deployed Soldiers receive from the American people ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of support deployed Soldiers receive from the American media ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception of returning deployed Soldiers by the American people ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of support deployed Soldiers' families receive from the American people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. While your spouse was deployed, did you and your children increase your... MARK A RESPONSE FOR EACH.

	No, decreased greatly	No, decreased moderately	No, remained the same	Yes, increased moderately	Yes, increased greatly	Did not use
attendance at church or synagogue? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
use of Army Chaplain activities? ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
visits to counselors? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
visits to health care providers? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
use of Army recreational facilities? ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
participation in Family Readiness Group (FRG) activities? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
use of Army family services? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
use of child development services? ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

29. From which of the following sources did you receive very helpful information about what was happening to your spouse and his/her unit during the most recent deployment? MARK ALL THAT APPLY.

- ☒ Installation Rear Detachment
- ☒ Installation Family Assistance Center (FAC)
- ☒ Rear Detachment Command (RDC)
- ☒ Family Readiness Groups (FRGs)
- ☒ FRG newsletter
- ☒ FRG telephone tree/chain of command
- ☒ Local command briefings for family members
- ☒ Community/"town hall" meetings
- ☒ Installation radio/television station
- ☒ Armed Forces Network (AFN)
- ☒ Army One Source (AOS)
- ☒ CNN, Fox, MSNBC, etc.
- ☒ Internet sources
- ☒ Installation/post newspaper
- ☒ Unit newsletter
- ☒ Stars & Stripes
- ☒ Letters from spouse
- ☒ Emails from spouse
- ☒ Telephone calls from spouse
- ☒ None of the above

30. How helpful was the support you and your family received from each of the following Army agencies/programs/individuals during your spouse's deployment? IF AN AGENCY/PROGRAM WAS AVAILABLE, BUT NOT USED, MARK THE FIRST COLUMN. MARK A RESPONSE FOR EACH.

	Not at all helpful	Somewhat helpful	Very helpful	Not available	Available, but did not use
Rear Detachment Command (RDC).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family Readiness Group (FRG) ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Post/Installation Leaders .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Installation Family Assistance Center (FAC) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chaplain/Chapel .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Army Community Service (ACS) ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

31. In general, how satisfied were you with the way your marriage was going before your spouse's most recent deployment?

Very satisfied											Very dissatisfied
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

## SECTION 4: POST-DEPLOYMENT

32. How many months has your spouse been home from his/her most recent deployment?

- ☒ Less than 1 month
- ☒ 1-3 months
- ☒ 4-6 months
- ☒ More than 6 months

33. When your spouse returned home from being deployed, how difficult was your "reunion"?

- ☒ Very easy
- ☒ Easy
- ☒ Neither easy nor difficult
- ☒ Difficult
- ☒ Very difficult

34. When your spouse returned home from being deployed, how easy or difficult was it for you and your spouse to make adjustments in each of the following areas? MARK A RESPONSE FOR EACH.

	Very difficult	Difficult	Neither easy nor difficult	Easy	Very easy	Does not apply
Adjusting to new daily household routines .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working at your paid job .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making household decisions .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reestablishing household/parenting roles .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplining/handling your child(ren) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting expectations of child(ren)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital intimacy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with one another ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes to your spouse's personality/moods .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling family finances .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. How helpful were the following in assisting you (and your family) in preparing for your spouse's return home? MARK A RESPONSE FOR EACH.

	Not at all helpful	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful	Did not receive this/Did not use
Training/preparing you for reunion with your spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional help provided by Family Readiness Groups (FRGs) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching you strategies for coping with reunion issues .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing support/assistance for you and your family .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training/preparing your children for your spouse's return .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. When your spouse returned home, how many weeks did it take for your family to adjust to being together again? For you? Your spouse? Your children?

FOR YOU

- ☐ Does not apply; I am still having major difficulties adjusting to being together again.

NO. OF WEEKS

FOR YOUR SPOUSE

- ☐ Does not apply; my spouse is still having major difficulties adjusting to being together again.

NO. OF WEEKS

FOR YOUR CHILDREN

- ☐ We have no children.  
☐ Does not apply; my children are still having major difficulties adjusting to being together again.

NO. OF WEEKS

## SECTION 5: THE ARMY AND YOU

The ARMY FAMILY TEAM BUILDING (AFTB) program provides training and information to family members.

37. Have you participated in AFTB? MARK ALL THAT APPLY.

- ☐ Yes, I attended Level I Classes: Overview of AFTB, Chain of Command, Mission Impact, etc.  
☐ Yes, I attended Level II Classes: Relationship Building, Effective Leadership, etc.  
☐ Yes, I attended Level III Classes: Listening, Building Self-Esteem, etc.  
☐ No

38. How effective has AFTB been in helping you and your family adjust to Army life?

- ☐ Does not apply; I have not participated in AFTB  
☐ Very effective  
☐ Effective  
☐ Neither effective nor ineffective  
☐ Ineffective  
☐ Very ineffective



A Family Readiness Group is an organization of family members, volunteers and Soldiers belonging to a unit that provides mutual support and assistance, and timely, accurate and relevant Army information.

39. Below are some questions about Family Readiness Groups (FRGs). Please answer the questions for your FRG during the last 12 months. MARK A RESPONSE FOR EACH.

	Not applicable Do not know	Yes	No
Is the FRG in your spouse's unit active? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Have you participated in FRG activities by attending meetings? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Have you participated in FRG activities by serving as an FRG leader? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is your FRG providing family readiness training? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is the FRG in your spouse's unit well run? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

40. During the last 12 months, why have you NOT participated in an FRG? MARK ALL THAT APPLY.

- ☒ Does not apply; I do participate.
- ☒ There is no FRG at this location.
- ☒ Never heard about an FRG at this location.
- ☒ Don't have time.
- ☒ Don't feel that I need to participate.
- ☒ Times/hours FRGs meet are not convenient.
- ☒ Locations of FRG meetings are not convenient.
- ☒ Lack of transportation.
- ☒ FRG members are not my peer group.
- ☒ Want to keep my personal life separate from the military.
- ☒ I feel uncomfortable being in group settings.
- ☒ I am not comfortable with the current FRG leaders/members.
- ☒ I am not comfortable with spouses whose sponsors are of higher/lower ranks than my spouse.
- ☒ My spouse did not encourage me to participate.
- ☒ Other reason (Please list on page 16.)

41. How would you rate how well your FRG has helped you and your family and other families in your unit?

☒ Does not apply; the unit does not have an FRG.

	Other families in your unit	You and your family
Good .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fair .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Poor .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Do not know .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

42. To what extent do you agree with the following statements? MARK A RESPONSE FOR EACH.

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
My spouse has kept/keeps me well informed about the Army. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I keep myself well informed about the Army. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I feel comfortable dealing with Army agencies. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I feel comfortable dealing with the Army medical system while my spouse is away. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
At this location, I know where to go or how to get emergency assistance, if needed. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Army civilian employees who deal primarily with Army families treat them with the appropriate amount of respect. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Army civilian employees who deal primarily with Soldiers treat family members with the appropriate amount of respect. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## SECTION 6: YOUR BACKGROUND

43. Are you female or male?

- ☒ Female
- ☒ Male

44. Are you of Hispanic, Latino, or Spanish origin or ancestry (of any race)? MARK ALL THAT APPLY.

- ☐ No, not of Hispanic, Latino, or Spanish ancestry  
☐ Yes, Mexican, Mexican American, Chicano  
☐ Yes, Puerto Rican  
☐ Yes, Cuban  
☐ Yes, other Hispanic/Spanish

45. What is your race? MARK ALL THAT APPLY.

- ☐ American Indian or Alaska Native  
(e.g., Eskimo, Aleut)  
☐ Asian (e.g., Asian Indian, Chinese, Filipino,  
Japanese, Korean, Vietnamese)  
☐ Black or African American  
☐ Native Hawaiian or other Pacific Islander  
(e.g., Samoan, Guamanian, Chamorro)  
☐ White

46. What is the highest level of education you have completed? MARK ONE.

- ☐ Less than high school, but no diploma,  
certificate, or GED  
☐ High school completed with diploma  
☐ High school completed with GED  
☐ Vocational/technical school graduate  
☐ 1-2 years of college, but no degree  
☐ Associate degree  
☐ 3-4 years of college, but no degree  
☐ Bachelor's degree  
☐ A year or more of graduate credit, but no  
graduate degree  
☐ Master's degree  
☐ Doctorate degree  
☐ Professional degree, such as MD, DDS, JD

47. How old were you on your last birthday?

AGE ON LAST BIRTHDAY

48. What is your current marital status?

- ☐ Married for the first time  
☐ Remarried, was divorced  
☐ Remarried, was widowed  
☐ Legally separated  
☐ Filing for divorce

49. How long have you been married to your current spouse?

- ☐ Less than one year

YEARS MARRIED

50. How satisfied are you with your marriage at the present time?

Very satisfied ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very dissatisfied

51. How satisfied are you with the way things are going for you personally?

- ☐ Very satisfied  
☐ More or less satisfied  
☐ Not at all satisfied  
☐ Do not know

52. Other than currently being married to a Soldier on Active duty, what types of experiences have you had with the military? MARK ALL THAT APPLY.

- ☐ Served on Active duty  
☐ Served/serving with National Guard/Reserves  
☐ Child of parent(s) in the military service  
☐ Previously married to a military service member  
☐ Worked/working as a civilian for the  
U.S. Armed Forces  
☐ None of the above

## SECTION 7: YOUR CHILDREN

Dependent children are UNMARRIED children, including adopted children or stepchildren, who are legally dependent on you for over half of their support.

53. How many dependent children do you and your spouse have LIVING WITH YOU for each of the age groups listed below? MARK A RESPONSE FOR EACH.

- ☐ Does not apply; we do not have any dependent children living with us.

GO TO SECTION 8, QUESTION 56 ON THE NEXT PAGE.

	Four or more	Three	Two	One	None
0-2 years old.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-5 years old.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-10 years old .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-12 years old .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13-15 years old .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-18 years old .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 or older.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. In general, how well did your oldest dependent child cope with your spouse being deployed and away from home?

- ☐ Very well  
☐ Well  
☐ Neither well nor poorly  
☐ Poorly  
☐ Very poorly

55. Did you notice any of the following in your oldest dependent child while your spouse was deployed? MARK A RESPONSE FOR EACH.

	Very serious problem	Serious problem	Moderate problem	Slight problem	No problem
Difficulty adjusting to having only one parent at home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fears about what could happen to his/her parent .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive behavior .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of concentration .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sadness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic trouble at school .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral trouble at school .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distress over media coverage of the war .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distress over rumors about the war .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 8: YOUR PAID AND VOLUNTEER WORK

56. What is your current employment status? MARK ONE.

- ☐ Employed full-time  
☐ Employed part-time  
☐ Not employed, currently looking for employment  
☐ Not employed, not currently looking for employment but would like a paying job  
☐ Not employed, not looking for employment and do not want a paying job now

57. Which of the following best describes why you are working for pay? MARK ALL THAT APPLY.

- ☐ Does not apply; I am not working  
☐ Does not apply; I am a full-time homemaker  
☐ Need the money for basic family expenses  
☐ Always planned to work/have a career  
☐ Wanted extra money to use now  
☐ Saving income for the future  
☐ Independence/self-esteem  
☐ Just enjoy working  
☐ To gain experience for a future career  
☐ Other (Please list on page 16.)

58. To what extent are you satisfied or dissatisfied with each of the following? MARK A RESPONSE FOR EACH.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Your educational opportunities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your employment opportunities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your long-term career opportunities .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. During the last 3 months, how many hours of volunteer work did you do for MILITARY-affiliated and/or CIVILIAN organizations?

HOURS DURING THE LAST 3 MONTHS:

IF NONE, MARK ZEROES ("000").

**Military-affiliated Organizations**

**Civilian Organizations**

## SECTION 9: YOUR ARMY SPOUSE'S BACKGROUND

60. What is your spouse's present rank? MARK ONE.

Enlisted	Warrant Officer	Commissioned Officer
<input type="checkbox"/> PV1 (E1)	<input type="checkbox"/> WO1 (W1)	<input type="checkbox"/> 2LT (O1)
<input type="checkbox"/> PV2 (E2)	<input type="checkbox"/> CW2 (W2)	<input type="checkbox"/> 1LT (O2)
<input type="checkbox"/> PFC (E3)	<input type="checkbox"/> CW3 (W3)	<input type="checkbox"/> CPT (O3)
<input type="checkbox"/> CPL/SPC (E4)	<input type="checkbox"/> CW4 (W4)	<input type="checkbox"/> MAJ (O4)
<input type="checkbox"/> SGT (E5)	<input type="checkbox"/> CW5 (W5)	<input type="checkbox"/> LTC (O5)
<input type="checkbox"/> SSG (E6)		<input type="checkbox"/> COL (O6)+
<input type="checkbox"/> SFC (E7)		
<input type="checkbox"/> MSG/1SG (E8)		
<input type="checkbox"/> SGM/CSM (E9)		

61. To what extent are you and your spouse satisfied or dissatisfied with each of the following aspects of Army life? MARK A RESPONSE FOR EACH.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
My spouse's Army job .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Opportunity for my spouse to serve his/her country .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Opportunity for my spouse to develop job skills .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The security and stability of my spouse's job .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
My spouse's pay and allowances ...	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
My spouse's retirement pay and benefits .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Deployments/amount of time your spouse is away from home .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

62. At the present time, what are your spouse's Army career plans? MARK ONE.

- ☒ To stay in the Army until retirement  
☒ To stay in the Army beyond his/her present obligation, but not necessarily to retirement  
☒ To leave the Army upon completion of his/her present obligation  
☒ To leave the Army before completion of his/her present obligation

63. At the present time, what would you like your spouse's Army career plans to be? MARK ONE.

- ☒ To stay in the Army until retirement  
☒ To stay in the Army beyond his/her present obligation, but not necessarily to retirement  
☒ To leave the Army upon completion of his/her present obligation  
☒ To leave the Army before completion of his/her present obligation

## SECTION 10: HEALTH CARE

64. During the last 2 years, to what extent are you and your spouse satisfied or dissatisfied with each of the following aspects of Army health care? MARK A RESPONSE FOR EACH.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
<b>Does not apply; we have not used this</b>					
Medical care benefits .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of Army medical care and services .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Availability of Army medical care and services .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental care benefits .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of Army dental care and services .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Availability of Army dental care and services .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## SECTION 11: ARMY SERVICES

65. To what extent are you and your spouse satisfied or dissatisfied with each of the following aspects of Army life? MARK A RESPONSE FOR EACH.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
<b>Does not apply; we have not used this</b>					
Commissary .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Post Exchange (PX) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
American Red Cross emergency messages .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Army Legal Services .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family Assistance Center (FAC) ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Availability of child care .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Affordable child care .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Programs for children/youth .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Army support services available for family members .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chaplain's Family Life Center ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chaplain's counseling .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Worship services .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Overall quality of recreation programs and services at your post .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## SECTION 12: MWR RECREATION PROGRAMS

The questions below refer to core recreation programs, such as libraries, craft shops, auto shops, outdoor recreation programs, entertainment programs (dinner theaters, musical and play productions), recreation centers, BOSS program, sports programs, gyms, playing fields, and competitions.

66. How often do you (and your children) use/participate in your post/installation recreation programs and services? **MARK ONE.**

- ☒ Does not apply; I am not at or near a post
- ☒ Never
- ☒ Less than once per month
- ☒ 1-2 times per month
- ☒ 3-4 times per month
- ☒ 5 or more times per month

67. Generally speaking, why do you (and your children) use/participate in your post recreation programs/services? **MARK ALL THAT APPLY.**

- ☒ Does not apply; I/we do not use post/installation recreation programs/services
- ☒ Education/homework
- ☒ Physical fitness
- ☒ Develop a leisure skill
- ☒ Participate with family
- ☒ Participate with friends
- ☒ Costs less than off-post services
- ☒ *Esprit de corps* with spouse's work unit
- ☒ Avoid boredom
- ☒ Have fun
- ☒ Get away from home
- ☒ Be outdoors
- ☒ Better than off-post
- ☒ More convenient than off-post
- ☒ Relax/relieve stress
- ☒ Other reason (Please list on page 16.)

## SECTION 13: OTHER MWR PROGRAMS AND INSTALLATION SERVICES

68. Below is a list of some of the Army Community Service (ACS) programs and services for families. For each, please use the **FIRST** column to indicate whether you have used the program or service **DURING THE LAST 2 YEARS**. Use the **SECOND** column to indicate which **THREE** programs and services you consider to be the **MOST IMPORTANT** (regardless of whether you have used them during the past 2 years).

	USED During Last 2 Years	MOST IMPORTANT MARK ONLY THREE (3)
Consumer Affairs Program/ financial counseling .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Assistance (food/clothing/housing) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
English instruction for non-natives (ESL) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exceptional Family Member Program (EFMP) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family Advocacy Program .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Readiness Program .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support related to mobilization or deployment. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Foster child care .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Income tax preparation .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information and Referral (I&R) ...	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lending Closet .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach Programs .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Relocation Assistance .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SITES (DoD Standard Installation Topic Exchange Service) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Welcome Packet .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

69. Below is a list of some morale, welfare and recreation (MWR) programs, activities and services available at most Army installations. **FIRST**, indicate whether you have used the program within the last 2 years. **THEN**, (regardless of your use or their availability at your current installation), select the 7 categories you feel are **MOST** important in enhancing the quality of Army life.

PROGRAM CATEGORIES	USED During Last 2 Years	MOST IMPORTANT MARK ONLY SEVEN (7)
Information, Ticket and Registration .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Travel Agency Services .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Library and Information Services (books, magazines, newspapers, reference services, CDs, videos, audio books, Internet access).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bowling (including pro shop & snack bar) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recreation Equipment Rental .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marine Services (e.g., boating, sailing, private berthing) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outdoor Recreation Areas (e.g., camping, equipment rental, picnic, and beach).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Golf (including pro shop & snack bar) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Arts and Crafts Programs .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Automotive Shop .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Music and Theater Programs .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child and Youth Services – CYS CYS Liaison, Education and Outreach Services – LEOS (e.g., School Liaison, Central Registration, Resource & Referral, Youth Sponsorship, Instructional Programs) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child Development Services – CDS (e.g., Child Development Centers, Family Home Care) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School-age Services – SAS (e.g., before/after school, camps).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Youth Services – YS (e.g., youth sports, middle school/teen centers).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Recreation Centers.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food Catering/Banquet Services (provided by Army club(s)) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Full Club Dining and Beverage Services .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Club Entertainment Services .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Club Beverage Lounge .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gymnasium/Playing Courts/Fields (e.g., basketball, volleyball, racquetball, softball, soccer, football).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Swimming Pools .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fitness Facilities (e.g., strength training machines, aerobic machines, basketball/racquetball courts).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## SECTION 14: THE ARMY WAY OF LIFE

70. How satisfied are you with the following? **MARK A RESPONSE FOR EACH.**

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
The respect the Army shows Soldiers .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The respect the Army shows spouses .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The concern your spouse's unit has for families .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
How you would feel if your spouse were to make/has made the Army a career .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The kind of life you can have in the Army .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

71. How much of a problem is each of the following to you? **MARK A RESPONSE FOR EACH.**

	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Coping with day-to-day stresses and problems .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Demands the Army makes of family members .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
"Getting along" when my spouse is away because of training, field duty, PCS, TDY, deployments, etc. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Opportunities for me to achieve my personal goals .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Possibility that my spouse may be involved in combat .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Possibility that my spouse may be deployed on/to a peacekeeping (non-combat) mission .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Separations from my own family (my parents, brothers, sisters, etc.) .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Possibility that my spouse may re-deploy after returning from deployment .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



72. To what extent have you had/experienced in your family any of the following problems in the last 6 months?

	Not at all	Slight extent	Moderate extent	Great extent	Very great extent	Does not apply
Emotional or nervous problem ...	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug/alcohol-related problem ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marital problem .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Caring for elders .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gambling-related problem .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Financial difficulty .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family violence .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Parenting difficulty .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

73. How satisfied are you with the support and concern the following Army leaders show for your family?

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Does not apply
Leaders in high post/installation positions .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Officers in my spouse's unit/place of duty .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NCOs in my spouse's unit/place of duty .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

74. To what extent do the following apply to the leaders at your spouse's place of duty?

	Not at all	Slight extent	Moderate extent	Great extent	Very great extent	Do not know
The leaders of my spouse's unit know about family programs ...	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The leaders of my spouse's unit are concerned about the welfare of Soldiers' families ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

75. At your current location, is there a friend, neighbor, or relative (besides your spouse) outside your home who will listen to you when you need to talk?

- ☒ No  
☒ Yes, sometimes  
☒ Yes, always

76. To what extent do you agree with the following statements? MARK A RESPONSE FOR EACH.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not at an installation
People can depend on each other in this installation community. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Families find it easy to make connections with other families at this installation. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If I had an emergency, even people I do not know in this installation community would be willing to help.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Families</b> assume responsibility for making this installation a better place to live and work. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Service members</b> assume responsibility for making this installation a better place to live and work. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The Army community is a good place for bringing up children under 11 years of age. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The Army community is a good place for bringing up children between 11 and 19 years of age. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

77. If I had a personal or family problem, I would be willing to turn to:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not at an installation
a <b>neighbor</b> for help.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a <b>friend</b> for help.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a <b>family member</b> for help.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>services on</b> the installation for help.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>services off</b> the installation for help.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>religious leader(s)</b> (e.g., priest, minister, rabbi) or friends from church or synagogue .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



**Extremely badly**

☒ Very satisfied

☒ Satisfied

☒ Neutral

☒ Dissatisfied

☒ Very dissatisfied

☐ Very satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

☐ Yes      **USE THE SPACE AT THE RIGHT.**  
☐ No

**If you would like to make any comments on the topics in this questionnaire or any other Army topics of importance to you and/or your family members, please write them in the space provided on this page (or an extra page).**

**If applicable, please indicate the question number to which your comment is related.**

[illegible]

**PLEASE MAIL THE QUESTIONNAIRE IN THE BUSINESS REPLY ENVELOPE PROVIDED.  
NO POSTAGE IS NEEDED.  
IF THE ENVELOPE HAS BEEN MISPLACED, PLEASE MAIL THE MATERIALS TO:**

- 16 -